

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90009 002 ***150.00

DOCUMENT # F97000001408
 1. Entity Name
SAGER SALES CORPORATION
 Principal Place of Business Mailing Address
 60 RESEARCH ROAD 60 RESEARCH ROAD
 HINGHAM, MA 02043 HINGHAM, MA 02043

00089745

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04-3343151		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	

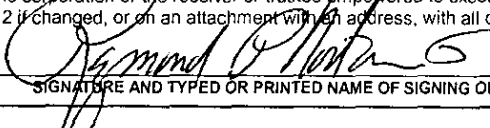
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---	------------------------------------

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CEO	<input type="checkbox"/> Delete		TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NORTON III, RAYMOND P			NAME	CSAPLAR, KENNETH A		
STREET ADDRESS	5 SETTLERS PATH			STREET ADDRESS	76 YALE STREET		
CITY - ST - ZIP	FALMOUTH, MA 02540			CITY - ST - ZIP	WINCHESTER, MA 01890		
TITLE	SECRETARY	<input type="checkbox"/> Delete		TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DROHAM H, DAVID			NAME	TOMPKINS, JAMES		
STREET ADDRESS	6 KING PHILLIP PATH			STREET ADDRESS	2809 MILLBROOK ROAD		
CITY - ST - ZIP	HINGHAM, MA 02043			CITY - ST - ZIP	RALEIGH, NC 27616		
TITLE	PRESIDENT	<input type="checkbox"/> Delete		TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FLYNN JR, FRANCIS J			NAME	HOLMES, DAVID		
STREET ADDRESS	73 FARRAR FARM ROAD			STREET ADDRESS	1030 NORTH STATE ST. #47		
CITY - ST - ZIP	NORWELL, MA 02061			CITY - ST - ZIP	CHICAGO, IL 60610-2838		
TITLE	DIRECTOR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	METTERS, JOHN			NAME			
STREET ADDRESS	123 MOORE ROAD			STREET ADDRESS			
CITY - ST - ZIP	WEYMOUTH, MA 02189			CITY - ST - ZIP			
TITLE	DIRECTOR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NORTON, JONATHAN E			NAME			
STREET ADDRESS	27 BEL AIR ROAD			STREET ADDRESS			
CITY - ST - ZIP	HINGHAM, MA 02043			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/25/00** **781-740-2300**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)